

RECEIVED  
U.S. DISTRICT COURT  
EASTERN DISTRICT OF ARKANSAS

2019 APR -4 A 10: 04

**FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF ARKANSAS**

Pine Bluff DIVISION

CASE NO. 5:19-cv-00115-JM-JTK

**FILED**  
U.S. DISTRICT COURT  
EASTERN DISTRICT OF ARKANSAS  
APR 04 2019  
JAMES M. CHAMACK, CLERK  
DEP CLERK

Jury Trial: ☒ Yes ☐ No  
(Check One)

**I. Parties**

In item A below, place your full name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

A. Name of plaintiff: Stansel Alexander Prouse  
ADC # 658348

Address: ISM P.O. Box 600, Grady, Ar. 71644

Name of plaintiff: \_\_\_\_\_  
ADC # \_\_\_\_\_

Address: \_\_\_\_\_ ~~This case assigned to District Judge~~ Moody

Name of plaintiff: \_\_\_\_\_ ~~and to Magistrate Judge~~ Kearney  
ADC # \_\_\_\_\_

Address: \_\_\_\_\_

In item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.

B. Name of defendant: Wendey Kelley

Position: Director of ADC

Place of employment: ADC

Address: ADC P.O. Box 8707, Pine Bluff, Ar. 71611

Name of defendant: Rory Griffin

Position: Deputy Director of Health and Corr. Programs

Place of employment: ADC

Address: ADC P.O. Box 8707, Pine Bluff, Ar. 71611

Name of defendant: Dr. Bob Parker

Position: Deputy Director of Mental Hlth. + Corr. Programs

Place of employment: ADC

Address: ADC P.O. Box 8707, Pine Bluff, Ar. 71611

Name of defendant: \_\_\_\_\_

Position: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Address: \_\_\_\_\_

II. Are you suing the defendants in:

- ☒ official capacity only  
☐ personal capacity only  
☐ both official and personal capacity

III. Previous lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_ No ✓

- B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

- ☐ Parties to the previous lawsuit:

Plaintiffs: \_\_\_\_\_

\_\_\_\_\_

Defendants: \_\_\_\_\_

\_\_\_\_\_

☐ Court (if federal court, name the district; if state court, name the county): \_\_\_\_\_

☐ Docket Number: \_\_\_\_\_

☐ Name of judge to whom case was assigned: \_\_\_\_\_

☐ Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_

☐ Approximate date of filing lawsuit: \_\_\_\_\_

☐ Approximate date of disposition: \_\_\_\_\_

IV. Place of present confinement: Varner Supermax P.O. Box 6000  
Grady, Arkansas 71644-0600

V. At the time of the alleged incident(s), were you:  
(check appropriate blank)

\_\_\_\_\_ in jail and still awaiting trial on pending criminal charges

☒ serving a sentence as a result of a judgment of conviction

\_\_\_\_\_ in jail for other reasons (e.g., alleged probation violation, etc.)  
explain: \_\_\_\_\_

VI. The Prison Litigation Reform Act (PLRA), 42 U.S.C. § 1997e, requires complete exhaustion of administrative remedies of all claims asserted, prior to the filing of a lawsuit. There is a prisoner grievance procedure in the Arkansas Department of Correction, and in several county jails. Failure to complete the exhaustion process provided as to each of the claims asserted in this complaint may result in the dismissal without prejudice of all the claims raised in this complaint.

A. Did you file a grievance or grievances presenting the facts set forth in this complaint?

Yes ☒ No \_\_\_\_\_

B. Did you completely exhaust the grievance(s) by appealing to all levels within the grievance procedure?

Yes ☒ No ☐

If not, why? \_\_\_\_\_

VII. Statement of claim

State here (as briefly as possible) the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On 2/9/18, I was diagnosed with Gender Dysphoria Disorder by a licensed psychiatrist contracted with ADC. On 3/1/18 I was seen by the Gender Identity Committee whom agreed with the Psychiatrist's diagnosis but denied me hormone therapy as treatment stating "the need for hormone therapy was not indicated nor recommended". I am a transgender woman who has been diagnosed by a licensed psychiatrist employed by the state. I have continuously been denied hormone therapy which is common practice for this diagnosis by the ADC Gender Dysphoria Committee, Director Wendy Kelley, Deputy Dir. of HTH, Rory Griffin, Deputy Dir. of MNH, HTH, Dr. Bob Parker as they are the people in charge of enforcing all AR's, AD's & VU's respectfully due to the professional titles they possess within the ADC.

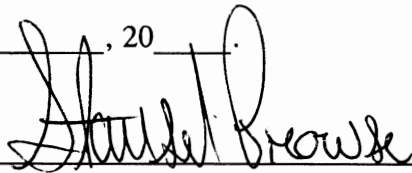
VIII. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Estrogen Hormone Therapy at it's highest available dose,  
A Razer Script, All State issued female clothing + hygiene (as  
needed), Access to all feminine commissary clothing + hygiene.

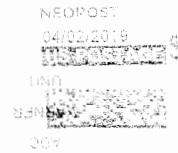
I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.

Executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

  
ADC # 658340

\_\_\_\_\_  
Signature(s) of plaintiff(s)

Stanse / Prowse  
ADC # 658340  
Varner Supermax  
P.O. Box 600  
Grady, Arkansas  
71644-0600



United States District Court Clerks  
P.O. Box 600  
West Capitol Avenue, Room A-  
Little Rock, Arkansas  
72201-3325

